

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | METHODS FOR TREATING MULTIPLE SCLEROSIS |
| Attorney Docket Number:: | WTZ-010CPACN2 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Total Drawing Sheets:: | 16 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | L. Sai Latha |
| Family Name:: | SHANKAR |
| City of Residence:: | New York |
| State or Province of Residence:: | NY |
| Country of Residence:: | US |
| Street of mailing address:: | 323 East 88th Street |
| | Apartment 19 |
| City of mailing address:: | New York |
| State or Province of mailing address:: | NY |

Postal or Zip Code of mailing address:: 10128

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: G.
Family Name:: TATTION
City of Residence:: Fort MacLeod
Country of Residence:: Canada
Street of mailing address:: P.O. Box 2447
City of mailing address:: Fort MacLeod
State or Province of mailing address:: AB
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: T0L 0ZO

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Nadine
Middle Name:: A.
Family Name:: TATTION
City of Residence:: Fort MacLeod
Country of Residence:: Canada
Street of mailing address:: P.O. Box 2447
City of mailing address:: Fort MacLeod
State or Province of mailing address:: AB
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: T0L 0ZO

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--|----------------------|----------------------|
| This Application | Continuation of | 10/205747 | 07/26/02 |
| 10/205747 | Continuation of | 09/416010 | 10/08/99 |
| 09/416010 | An application claiming the benefit under 35 USC 119(e) | 60/103742 | 10/09/98 |